DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street, Ladd Hall Waterbury, VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 241-2345

To Report Adult Abuse: (800) 564-1612

Fax (802) 241-2358

December 2, 2011

Ms. Melissa Jackson, Administrator Vermont Veterans' Home 325 North Street Bennington, VT 05201-5014

Provider #: 475032

Dear Ms. Jackson:

Enclosed is a copy of your acceptable plans of correction for the survey and complaint investigation conducted on **November 9, 2011.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN

Licensing Chief

PC:ne

Enclosure



DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

NOV 23 2011

PRINTED: 11/15/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
							С	
		475032	B. WIN	G		11/0	9/2011	
	PROVIDER OR SUPPLIER			325 N	ADDRESS, CITY, STATE, ZIP COL ORTH STREET NINGTON, VT 05201	 		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 164	An offsite complair by the Division of L 11/9/11. The follow 483.10(e), 483.75(I	nt investigation was completed icensing and Protection on ving are regulatory violations:	F (Please note that the filing correction does not constit admission as to any of the violations set forth in this Deficiency. The POC is be evidence of the Facility's compliance with all applic	ute any alleged Statement of eing filed as continued		
SS=C	The resident has the confidentiality of his records. Personal privacy in medical treatment, communications, personal of family	ne right to personal privacy and sor her personal and clinical cludes accommodations, written and telephone ersonal care, visits, and and resident groups, but this			F164 Corrective Action: The facility prohibits send identifiable information viensures the privacy/confid records. Other Residents: All Resident are at risk.	a email and		
	room for each residence section, the resident release of personal individual outside the The resident's right and clinical records resident is transfer.	I in paragraph (e)(3) of this nt may approve or refuse the land clinical records to any			Systemic Changes: (1)The facility staff, consuctor contractors with email acceducated on the facility poemailing resident-identifia information. (Attachment (2) Facility consultant and will be re-issued our Busin Associates Agreement (At	ess, will be licy regarding ble Al) contractors		
	The facility must ke contained in the rest the form or storage release is required healthcare institution contract; or the rest	eep confidential all information sident's records, regardless of emethods, except when by transfer to another on; law; third party payment			Monitoring: The Administrator or design conduct 3 weekly random employee emails to ensure identifiable information is x 60 days (Attachment A3 findings will be reported a bimonthly QA Meeting Compliance Date: November 27, 2011 WHY POC accepted 111301	audits of no resident- being shared.). Audit t the		

Any deficiency statement ending with an asterist of denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient profection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

If continuation sheet Page 1 of 4

DEPARTMENT OF HEALTH AND HUMAN SERVICES . CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS HOME SUMMARY STATEMENT OF DEFICIENCES STREET ADDRESS CITY. STATE, ZIP CODE 225 NORTH STREET BENNINGTON, VT 05201 PROVIDER SUMMARY STATEMENT OF DEFICIENCES STREET ADDRESS. CITY. STATE, ZIP CODE 225 NORTH STREET BENNINGTON, VT 05201 PROVIDER'S PLAN OF CORRECTION CONTINUED IN PREFIX TAG	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ILTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER VERMONT VETERANS HOME STREET ADDRESS, CITY. STATE, 2IP CODE 23S NORTH STREET PROPERTY. STATE, 2IP COMPLETY. TAGE F 164 Continued From page 1 F 164 Continued From page 1 Based on offsite review of materials, the facility field to keep all information is not released to the public, Order 2 State 1 State 2 State						С	
VERMONT VETERANS HOME 325 NORTH STREET BENNINGTON, VT 05201 VALUE OF PREFIX FROWDER'S PLAN OF CORRECTION PREFIX FROWDER'S PLAN OF CORRECTION PREFIX TAG PREFIX T			475032	B WINC	S	1	
F164 Continued From page 1 Based on offsite review of materials, the facility failed to keep all information contained in the resident's records confidential for all residents of the facility. Findings include: Per review of electronic mail (e-mail) correspondence, a staff member from the facility sent an e-mail to a State Agency Surveyor on 10/31/11 which included a Weight Report on 15 residents, identifying the residents by first and last name and also summarizing their weighthurition concerns. This information was never requested by the Surveyor for any reason and was sent to the Surveyor for any reason and was sent to e-mail which included a 401 page report that was the Consultant Pharmacist's Medication Regimen Review for May 2011 through October 2011. The Report listed all residents of the facility including first and last names and any recommendations made by the consultant pharmacist regarding each resident's medication regimen. This information was not requested for any reason by the Surveyor and was sent to the Surveyor in error. See also F516. F516 483.75(I)(3). 483.20(f)(5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS A facility may not release information that is resident-identifiable information and ensures that resident-identifiable information. Other residents. All residents are at risk. Systemic Changes: (1)The facility staff, consultants, and contractors will be reducated on the facility policy regarding emailing resident-identifiable information. (Attachment A2) (2) Facility consultan					325 NORTH STREET		
Based on offsite review of materials, the facility failed to keep all information contained in the resident's records confidential for all residents of the facility. Findings include: Per review of electronic mail (e-mail) correspondence, a staff member from the facility sent an e-mail to a State Agency Surveyor on 10/31/11 which included a Weight Report on 15 residents, identifying the residents by first and last name and also summarizing their weighthurition concerns. This information was never requested by the Surveyor for any reason and was sent to the Surveyor in error. On 11/i/11, the facility Administrator was notified of the breach in privacy by the Surveyor in error. On 11/i/11, the facility had by the Surveyor was sent an e-mail which included a 401 page report that was the Consultant Pharmacist's Medication Regimen Review for May 2011 through October 2011. The Report listed all residents of the facility including first and last names and any recommendations made by the consultant pharmacist regarding each resident's medication regimen. This information was not requested for any reason by the Surveyor and was sent to the Surveyor in error. See also F516. F516 483.75(I/3), 483.20(I/5) RELEASE RES INFO, SAFEGUARD CLINICAL RECORDS A facility may not release information that is resident-identifiable to the public. The facility my my release information that is	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP	OULD BE COMPLETION	
(100)defit identifiable to all agent only in	F 51	Based on offsite refailed to keep all intresident's records of the facility. Finding Per review of electrorespondence, a sent an e-mail to a 10/31/11 which incresidents, identifyin name and also sun concerns. This info by the Surveyor for the Surveyor in errored Administrator was by the Surveyor. On 11/8/11, the sa e-mail which include the Consultant Pharmal which is a consultant P	eview of materials, the facility formation contained in the confidential for all residents of s include: ronic mail (e-mail) staff member from the facility State Agency Surveyor on luded a Weight Report on 15 in the residents by first and last inmarizing their weight/nutrition formation was never requested any reason and was sent to for. On 11/1/11, the facility including the breach in privacy in the facility including is and any recommendations and any recommendations in the facility including is and any recommendations in the facility including is and any recommendations in the facility including is and any recommendations in the facility including its requested for any reason by was sent to the Surveyor in the Surveyor in the Surveyor in the facility including its requested for any reason by was sent to the Surveyor in the Surveyo		F516 Corrective Action: The facility prohibits the em resident-identifiable information is not released to the contractors with email access educated on the facility policemailing resident-identifiable information. (Attachment A (2) Facility consultant and contractors with email access educated on the facility policemailing resident-identifiable information. (Attachment A (2) Facility consultant and contractors with email access educated on the facility policemailing resident-identifiable information. (Attachment A (2) Facility consultant and contractors with email access educated on the facility policemailing resident-identifiable information and will be re-issued our Business Associates Agreement (Attachment A) and the contractors with email access educated on the facility policemailing resident-identifiable information in formation is because of the contractors with email access educated on the facility policemail access educated on the facility policema	ants, and s, will be cy regarding e 1) contractors ss chment A2) ee will adits of o residenteing shared. Audit he	

Facility ID: 475032

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F 516	agrees not to use o except to the extent to do so.	contract under which the agent r disclose the information t the facility itself is permitted	F 516			
		feguard clinical record loss, destruction, or				
	by: Based on offsite re failed to safeguard	view of materials, the facility clinical record information d use for all residents of the clude:				
	sent an e-mail to a 10/31/11 which inclines idents, identifyin name and also sum concerns. This inforthe Surveyor for the Surveyor in error	onic mail (e-mail) staff member from the facility State Agency Surveyor on uded a Weight Report on 15 g the residents by first and last imarizing their weight/nutrition irmation was never requested any reason and was sent to ir. On 11/1/11, the facility iotified of the breach in privacy				
	e-mail which include the Consultant Phat Review for May 201 Report listed all rest first and last namest made by the consulting each resident's med	ne Surveyor was sent an ed a 401 page report that was rmacist's Medication Regimen 1 through October 2011. The idents of the facility including and any recommendations tant pharmacist regarding dication regimen. This requested for any reason by			,	

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